FOR INSTRUCTIONS, SEE BACK OF FORM			FORM			
DISCLOSURE SUMMARY PAGE	DR-2	DISCLOSURE				
COMMITTEE NAME (Must be same as on Statement of Organizat	(Rev. 05/2002)	REPORT				
Comm. The TO Elect Pat Mc NORTUN				For Office Use Only		
IMPORTANT: Indicate type of committee you are reporting for:				Comm. #		
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)C (5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Centra (8)Support Slate of Candidates	1 1	Audited				
CANDIDATE COMMITTEES ONLY:						
Candigate Name Po	lj <b>t</b> jcal Party					
Pat Mc NorTon	Lemocka T	JΑ	N 1 4 2004	•		
Office Sought Di	strict (if Senate or House	)		,		
				12/21		
1	7/2 - 336 - 200 TELEPHONE	90	1/12/09			
SIGNATURE OF TREASURER (or person fling this report)	TELEPHONE		DATE S	IGNED		
Routine Penalties Due For Late File	ed Reports Range f	rom \$	20 to \$800			
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOI			·			
I AM FILING A		_	//2\NON-ELECT	TION YEAR		
(report date)			ne <b>Z</b>	ION TEAK.		
☐CHECK IF AMENDMENT TO REPORT DATED	-			ato of Floation		
CHECK IF AWIENDMENT TO REPORT DATED		Local Co	ommittees, enter D	ate of Election		
☑ Check if this is final (termination) report and attach Notice of Diss	solution Form DR-3	County &	ty & Local Committees, enter County in			
(You must continue to file reports until a Notice of Dissoluti		which El	Election is held			
<u></u>						
STATEMENT OF	CASH ON HAND					
CASH ON HAND at the beginning of the reporting period. (This is the		ł				
by the committee. This amount MUST be the same as the of the last reporting period, or must be zero if this is first rep	cash on hand at the end		8.9	./9		
ADD TOTAL MONEY TAKEN IN THIS PERIOD						
Schedule A: Cash Contributions total (Attach Schedule A)	(*also see in-kind below)					
Schedule F: Loans Received total (Attach Schedule F)		•••••				
Schedule H: Total Sales of Campaign Property (Attach Sch	nedule H)					
(Schedule H applies to Candidates' Committee	Only)					
	SUB-TOTA	۹L\$	8.	99		
SUBTRACT TOTAL MONEY SPENT THIS PERIOD						
Schedule B: Expenditures total (Attach Schedule B) (**also	see debts and loans be	low)				
Schedule F: Loan Repayments total (Attach Schedule F)			8	19		
CASH ON HAND at the end of this reporting period (if final report, ba						
be zero) (Attach DR-3)		\$				
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$				
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E			G 2 2	63		
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)			<b>~</b>			
CANDIDATE COMMITTEES ONLY:		•	-			
CONSULTANT BREAKDOWN (Schedule G Attached?)			YE	s <u>X</u> NO		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Sch	edule H)	\$		)		

COMMITTEE NAME (Must be same as on Statement of Organization)  OMM. THEE TO ELECT LAT MC NOR TOW										SCHEDULE  E IN KIND (Rev. 06/97) CONTRIBUTIONS  CHECK THIS BOX IF AMENDING FORM			
DATE RECEIVED (MM/DD/YR)			AND ADDI		<del></del> :	TO CA	TONSHIP NDIDATE oplicable)	OF	CRIPTION IN KIND RIBUTION		ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAIS CONTRIBUTI	ER
2/26/03	Da T 940 5 p. R.				S1360						927.63	,	ON
i	/												
				<u></u>					<del></del>		<del></del>		
			<del></del> -								<del></del>		
ė													
		-											
	<del></del>	~~~			·····		11/8						
	······································						· · · · · ·					, out out of	<u></u>
		-											
									SUB-TOTA	L	92763		<del></del>
									page of thi schedule	is	727.63		

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_ of \_\_\_\_\_(for Schedule E)

FUR INSTRUC	TIONS, SEE BACK OF FORM						SCHEDULE				
1 / /	NAME (Must be same as on Statement of Organiz		r TON				(Rev. 08/96)	LOANS RECEIVED & REPAID			
NOTE: This sc	CHECK THIS BOX IF AMENDING FORM										
TOTAL UNPAIL											
(Orig	ETARY LOANS RECEIVED <u>THIS</u> REPORTING inal source of loan, such as a bank, must be showed. Include loans from candidate's personal fur	wn if a third party is		PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD (Loans forgiven must be reported on Schedule E – In-kind Contributions.)							
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN		DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIF TO CANDIDATE (If Applicable)	DEBAIR			
	None		\$		2/26/03	Pat Mc Noe Fund  940 27 IL ST  Spire T Lake, It Applicable)	Can d.dal	8.49			
						·					
					:						
			ě.								
	TOTAL (PART I)	\$	TOTAL CASH REPAYMENTS (PART II) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\								
				From Schedule E - TOTAL LOANS FORGIVEN \$ 927.63							
			TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$								
making a cont	w requires candidate committees to disclose the ribution to the committee. Relationship must be	shown to the third de	gree of			. *	·: ·				
packet.) If sur	(blood relatives) and affinity (relatives by marriag mame of contributor is the same as candidate, b nter "not applicable" in the relationship column w	ut there is no familial	oms	Pageofof							